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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

	by revoke all p	revious powers of attorney of	given in the appli	cation identified in	the attached state	ement under		
I here	by appoint:							
Practitioners associated with the Customer Number:				23623				
م ا	OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
	Name		Registration Number			Registration Number		
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	(4)	to manage the read sale of the	to the United State	Data at and Trad	Office (UDDTO)	anastian with		
as attorney(s) or agent(s) to represent the undensigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 9.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
_					7			
	The address as	sociated with Customer Number:	23623					
OR								
	Firm or Individual Name Turocy & Watson, LLP							
Addre	ess	127 Public Square, 57th Floor, Key Tower						
City		Cleveland	State Ohi	0	Zip 44114			
Coun	Country United States					]		
Telep	hone	(216) 696-8730		Email watson@th	nepatentattorneys.c	om		
Assign	Assignee Name and Address:							
Getne	er Foundation	LLC						
	160 Greentree Drive, Suite 101							
Dove	r, Delaware, 1	9904						
A cop	A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
filed i	n each applicat	ion in which this form is use	d. The statement	under 37 CFR 3.73	(b) may be comple	ted by one of		
	the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
	SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature Lifeway Granton					Date 4-75-11			
Name					Telephone			
Title								
The collegies of information is required by 27 CSD 124 1 22 and 1 22. The information is required to obtain a required to obtain a baseful by the public value in the file (and								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retien a bewelf by the public which is to file (and by the USPTO to process) an application. Confederability is openied by 36 USC, 122 and 37 CFR 1.11 and 1.14. This besides in self-made to these inmuses to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including class. Any comments on the amount of time you require to complete in this man and/or suppleasions for reducing this builders, should be sent to the Child Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DONT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission of for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Tiffany Grantom (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Getner Foundation LLC.

Stary	Transon
Tiffany Gra	<u>Indullo</u>

III W A

Authorized Person for Getner Foundation LLC

4-65-11

Date